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|--|--|-------------------------|---|
| <i>Index of Claims</i>  | | Application/Control No. | Applicant(s)/Patent Under Reexamination |
| | | 10690791 | HIRSCH, ALAN R. |
| Examiner Michele Flood | | Art Unit 1655 | |

| | | | | | | | |
|---|----------|---|------------|---|--------------|---|----------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

Claims renumbered in the same order as presented by applicant CPA T.D. R.1.47

| CLAIM | | DATE | | | | | |
|-------|----------|------------|--|--|--|--|--|
| Final | Original | 04/25/2008 | | | | | |
| 1 | | ✓ | | | | | |
| 2 | | ✓ | | | | | |
| 3 | | ✓ | | | | | |
| 4 | | ✓ | | | | | |
| 5 | | - | | | | | |
| 6 | | N | | | | | |
| 7 | | N | | | | | |
| 8 | | N | | | | | |
| 9 | | N | | | | | |
| 10 | | - | | | | | |
| 11 | | - | | | | | |
| 12 | | - | | | | | |
| 13 | | - | | | | | |
| 14 | | - | | | | | |
| 15 | | - | | | | | |
| 16 | | - | | | | | |
| 17 | | - | | | | | |
| 18 | | - | | | | | |
| 19 | | - | | | | | |
| 20 | | - | | | | | |
| 21 | | - | | | | | |
| 22 | | - | | | | | |
| 23 | | - | | | | | |
| 24 | | - | | | | | |
| 25 | | - | | | | | |
| 26 | | ✓ | | | | | |
| 27 | | N | | | | | |
| 28 | | - | | | | | |
| 29 | | - | | | | | |
| 30 | | - | | | | | |
| 31 | | N | | | | | |
| 32 | | N | | | | | |
| 33 | | N | | | | | |
| 34 | | - | | | | | |
| 35 | | - | | | | | |
| 36 | | - | | | | | |

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|---|--|-------------------------|--|---|--|
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|--|----------|------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | <input type="checkbox"/> CPA | <input type="checkbox"/> T.D. | <input type="checkbox"/> R.1.47 |
| CLAIM | | DATE | | |
| Final | Original | 04/25/2008 | | |
| | 37 | - | | |
| | 38 | - | | |
| | 39 | - | | |
| | 40 | - | | |
| | 41 | ✓ | | |
| | 42 | ✓ | | |
| | 43 | ✓ | | |
| | 44 | ✓ | | |
| | 45 | ✓ | | |
| | 46 | ✓ | | |
| | 47 | ✓ | | |